

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS4717AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/17/2008
NAME OF PROVIDER OR SUPPLIER DESERT WILLOW RESIDENTIAL CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 9190 WEST ROCHELLE AVE LAS VEGAS, NV 89147		
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Y 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of the annual state licensure survey and complaint investigation conducted at your facility on 10/17/08.</p> <p>The survey was conducted using Nevada Administrative Code (NAC) 449, Residential Facility Groups Regulations, adopted by the Nevada State Board of Health on July 14, 2006.</p> <p>The facility was licensed for 4 total beds.</p> <p>The facility had the following category of classified beds: Category 2 - 4 beds</p> <p>The facility had the following endorsements: Residential facility which provides care to elderly and/or disabled persons, and/or persons with mental retardation, and /or persons with mental illness, and/or persons with chronic illnesses.</p> <p>The census at the time of the survey was 2. Two resident files were reviewed and 2 employee files were reviewed.</p> <p>There was 1 complaint investigated during the survey. CPT #NV19609 Substantiated (Tag Y106 and Y0405)</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>The following regulatory deficiencies were identified:</p>	Y 000		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 070 SS=F	<p>449.196(1)(f) Qualifications of Caregiver-8 hours training</p> <p>NAC 449.196 1. A caregiver of a residential facility must: (f) Receive annually not less than 8 hours of training related to providing for the needs of the residents of a residential facility.</p> <p>This Regulation is not met as evidenced by: Based on record review, the facility failed to ensure 8 hours of training related to providing for the needs of the residents was received annually for 3 of 4 employees (Employees #1, #2, #4).</p> <p>Findings include:</p> <p>Employee #1 was hired on 7-4-06. The employee file lacked documented evidence of eight hours of annual Caregiver training.</p> <p>Employee #2 was hired on 7-4-08. The employee file lacked documented evidence of eight hours of annual Caregiver training.</p> <p>Employee #4 was hired the beginning of October. The administrator was unable to provide a specific date of hire. There was no employee file to review. There was no documented evidence of eight hours of initial Caregiver training.</p> <p>Severity: 2 Scope: 3</p>	Y 070		
Y 088 SS=A	<p>4493199(4) Staffing Schedule</p> <p>NAC 449.199 4. The administrator of a residential facility shall maintain monthly a written schedule that includes the number and type of members of the staff of</p>	Y 088		

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Y 088	Continued From page 2 the facility assigned for each shift. The schedule must be amended if any changes are made to the schedule. The schedule must be retained for at least 6 months after the schedule expires. This Regulation is not met as evidenced by: Based on interview and record review, the facility failed to ensure a staff schedule was completed or posted. Findings include: There was no evidence of a staff schedule posted during the facility tour. On 10/17/08 at 12:10pm, Employee #2 revealed she did not write an employee schedule. Employee #2 indicated the staff liked to work and would call her if they wanted a day off. Employee #2 was not aware a schedule was required or to be kept for 6 months. Severity: 1 Scope: 1	Y 088			
Y 101 SS=B	449.200(1)(b) Personnel File - date of hire NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (b) The date on which the employee began his employment at the residential facility. This Regulation is not met as evidenced by:	Y 101			

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Y 101	Continued From page 3 Based on interview, the facility failed to ensure the date the employee began employment at the residential facility was documented in the employee personnel file for 2 of 4 employees (Employee #3 and #4). Findings include: Employee #3 and Employee #4 did not have an employee file to review. The morning of the survey, Employee #1 revealed he has not started the required hiring process on either Employee #3 or Employee #4. Employee #2 indicated Employee #3 had been working at the facility since March and Employee #4 had been working at the facility for several weeks. Employee #1 and Employee #2 were unable to provide specific dates. Employee #3 did not remember when she began to work at the facility. Employee #3 thought it was sometime in March of 2008. Severity: 1 Scope 2	Y 101		
Y 103 SS=F	449.200(1)(d) Personnel File - NAC 441A NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee. This Regulation is not met as evidenced by:	Y 103		

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Y 103	<p>Continued From page 4</p> <p>Sec. 10. NAC 441A.375 is hereby amended to read as follows:</p> <p>441A.375 1. A case having tuberculosis or suspected case considered to have tuberculosis in a medical facility or a facility for the dependent must be managed in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.</p> <p>2. A medical facility, a facility for the dependent or a home for individual residential care shall maintain surveillance of employees of the facility or home for tuberculosis and tuberculosis infection. The surveillance of employees must be conducted in accordance with the recommendations of the Centers for Disease Control and Prevention for preventing the transmission of tuberculosis in facilities providing health care set forth in the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.</p> <p>3. Before initial employment, a person employed in a medical facility, a facility for the dependent or a home for individual residential care shall have a:</p> <p>(a) Physical examination or certification from a licensed physician that the person is in a state of good health, is free from active tuberculosis and any other communicable disease in a contagious stage; and</p> <p>(b) Tuberculosis screening test within the preceding 12 months, including persons with a history of bacillus Calmette-Guerin (BCG) vaccination.</p> <p>If the employee has only completed the first step of a 2-step Mantoux tuberculin skin test within the preceding 12 months, then the second step of the 2-step Mantoux tuberculin skin test or other single-step tuberculosis screening test must be</p>	Y 103			

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Y 103	Continued From page 5 administered. A single annual tuberculosis screening test must be administered thereafter, unless the medical director of the facility or his designee or another licensed physician determines that the risk of exposure is appropriate for a lesser frequency of testing and documents that determination. The risk of exposure and corresponding frequency of examination must be determined by following the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200. 4. An employee with a documented history of a positive tuberculosis screening test is exempt from screening with skin tests or chest radiographs unless he develops symptoms suggestive of tuberculosis. 5. A person who demonstrates a positive tuberculosis screening test administered pursuant to subsection 3 shall submit to a chest radiograph and medical evaluation for active tuberculosis. 6. Counseling and preventive treatment must be offered to a person with a positive tuberculosis screening test in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (g) of subsection 1 of NAC 441A.200. 7. A medical facility shall maintain surveillance of employees for the development of pulmonary symptoms. A person with a history of tuberculosis or a positive tuberculosis screening test shall report promptly to the infection control specialist, if any, or to the director or other person in charge of the medical facility if the medical facility has not designated an infection control specialist, when any pulmonary symptoms develop. If symptoms of tuberculosis are present, the employee shall be evaluated for tuberculosis.	Y 103			

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Y 103	<p>Continued From page 6</p> <p>Based on interview and record review, the facility failed to ensure 4 of 4 employees had the required tuberculosis (TB) documentation (Employee #1, #2, #3 and #4).</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. Employee #1 was hired on 7-04-06. The employee file lacked documented evidence of an annual TB one-step for July of 2008. 2. Employee #2 was hired on 7-4-08. The employee file lacked documented evidence of an annual TB symptom surveillance form for 2008. <p>Employee #2 indicated she did not know she needed a TB symptom surveillance form completed because she had a documented negative chest x-ray.</p> <ol style="list-style-type: none"> 3. Employee #3 was hired in March of 2008. There was no employee file and the facility lacked documented evidence of a Chest X-ray (CXR), 2-step Mantoux, or TB symptom surveillance form and physical examination or certification from a licensed physician stating the employee is in good health, was free from active TB and any other communicable disease in a contagious stage. 4. Employee #4 was hired several weeks ago according to Employee #2. There wano employee file and the facility lacked documented evidence of a Chest X-ray (CXR), 2-step Mantoux, or TB symptom surveillance form and physical examination or certification from a licensed physician stating the employee was in good health, is free from active TB and any other communicable disease in a contagious stage. 	Y 103			

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Y 103	Continued From page 7 Employee #1 revealed he had not started the hiring process for Employee #3 and Employee #4. Employee #1 revealed he did not realize he missed the annual TB screening testing. Severity: 2 Scope: 3	Y 103		
Y 104 SS=B	449.200(1)(e) Personnel File - References NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (e) Evidence that the references supplied by the employee were checked by the residential facility. This Regulation is not met as evidenced by: Based on record review the facility failed to ensure references were checked by the residential facility for 2 of 4 (Employee #3 and #4). Findings include: Record Review: 1. Employee #3 was hired in March of 2008. There was no employee file generated. There was no application completed by Employee #3. There was no documented evidence Employee #3 provided a list of references. 2. Employee #4 was hired the beginning of October 2008. There was no employee file generated. There was no application completed by Employee #4. There was no documented	Y 104		

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Y 104	Continued From page 8 evidence Employee #4 provided a list of references. Severity: 1 Scope: 2	Y 104		
Y 105 SS=E	449.200(1)(f) Personnel File - Background Check NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive. This Regulation is not met as evidenced by: Based on interview and record review, the facility failed to ensure 2 of 4 employees had met the background check requirements for criminal history. Findings include: 1. Employee #3 was hired in March of 2008. Employee #3 did not have documented evidence of a signed statement indicating the employee had not been convicted of any crimes listed in NRS 449.188, a copy of fingerprints, evidence fingerprints were completed within 10 days of hire, evidence of fingerprints sent to the Nevada Repository or results from the Nevada repository. 2. Employee #4 was hired in the beginning of October. Employee #4 did not have documented evidence of a signed statement indicating the employee had not been convicted of any crimes listed in NRS 449.188, a copy of fingerprints, evidence fingerprints were completed within 10 days of hire, evidence of fingerprints sent to the	Y 105		

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Y 105	Continued From page 9 Nevada Repository or results from the Nevada repository. Severity: 2 Scope: 2	Y 105		
Y 106 SS=E	449.200(2)(a) Personnel File - 1st aid & CPR NAC 449.200 2. The personnel file for a caregiver of a residential facility must include, in addition to the information required pursuant to subsection 1, (a) A certificate stating that the caregiver is currently certified to perform first aid and cardiopulmonary resuscitation. This Regulation is not met as evidenced by: Based on interview and record review, the facility failed to ensure 2 of 4 caregivers had evidence of first aid and cardiopulmonary resuscitation (CPR) training (Employee #2 and #3). Findings include: 1. Employee #2 was hired 7-4-06. Employee #2s file contained a valid Basic Life Support (BLS) card with an expiration date of April 2010. BLS training included cardiopulmonary resuscitation (CPR) training but did not include first aid training. The employee file did not contain evidence the employee had received first aid training. Employee #2 indicated she thought the course she took was for CPR as well as for first aid.	Y 106		

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Y 106	Continued From page 10 3. Employee #3 was hired in March of 2008. There was no employee file. The employee was unable to provide documented evidence of attending first aid and cardiopulmonary resuscitation training. Severity: 2 Scope: 2 Complaint #NV19609	Y 106		
Y 434 SS=F	449.229(3) Emergency Drills NAC 449.229 3. A drill for evacuation must be performed monthly on an irregular schedule, and a written record of each drill must be kept on file at the facility for not less than 12 months after the drill. This Regulation is not met as evidenced by: Based on interview, the facility failed to ensure evacuation drills were conducted monthly, recorded and kept on file at the facility. Findings include: Employee #1 revealed the facility did not conduct monthly evacuation drills. Severity: 2 Scope: 3	Y 434		
Y 444 SS=F	449.229(9) Smoke Detectors NAC 449.229 9. Smoke detectors must be maintained in proper operating conditions at all times and must be	Y 444		

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Y 444	Continued From page 11 tested monthly. The results of the tests pursuant to this subsection must be recorded and maintained at the facility. This Regulation is not met as evidenced by: Based on interview, the facility did not ensure smoke detectors were tested 12 out of the past 12 months. Findings include: Employee #1 revealed the facility did not maintain a log for monthly smoke detector testing. Severity: 2 Scope: 3	Y 444		
Y 450 SS=D	449.231(1) First Aid and CPR NAC 449.231 1. Within 30 days after an administrator or caregiver of a residential facility is employed at the facility, the administrator or caregiver must be trained in first aid and cardiopulmonary resuscitation. The advanced certificate in first aid and adult cardiopulmonary resuscitation issued by the American Red Cross or an equivalent certification will be accepted as proof of that training. This Regulation is not met as evidenced by:	Y 450		

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Y 450	Continued From page 12 Based on record review, the facility failed to ensure 1 of 4 employees had evidence of current training in first aid and Cardiopulmonary Resuscitation (CPR) (Employee #3). Findings include: Employee #3 was hired in March of 2008. There was no documented evidence of First Aid training or CPR training Severity: 2 Scope: 1 CPT #NV19609	Y 450			
Y 870 SS=F	449.2742(1)(a)(1) 449.2742(1)(a)(1) Medication Administration NAC 449.2742 1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall: (a) Ensure that a physician, pharmacist or registered nurse who does not have a financial interest in the facility: (1) Reviews for accuracy and appropriateness, at least once every 6 months the regimen of drugs taken by each resident of the facility, including, without limitation, any over-the-counter medications and dietary supplements taken by a resident. This Regulation is not met as evidenced by: Based on record review, the facility failed to ensure a medication profile review was	Y 870			

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Y 870	Continued From page 13 performed by a physician, pharmacist or registered nurse at least once every six months for 2 of 2 residents residing in the facility for longer than six months (Resident #1 and #2). Findings include: Resident #1 was admitted to the facility on 1-09-08. The last medication profile review available in the record was dated 3-19-08. There was no documented evidence another medication profile review was completed six months after the 3-19-08 review. Resident #2 was admitted to the facility on 1-25-08. There was no medication profile review in the record. Severity: 2 Scope: 3	Y 870			
Y 876 SS=D	449.2742(4) NRS 449.037 NAC 449.2742 4. Except as otherwise provided in this subsection, a caregiver shall assist in the administration of medication to a resident if the resident needs the caregiver's assistance. A caregiver may assist the ultimate user of controlled substances or dangerous drugs only if the conditions prescribed in subsection 6 of NRS 449.037 are met. This Regulation is not met as evidenced by: NRS 449.037 6. The board shall adopt separate regulations regarding the assistance which may be given pursuant to NRS 453.375 and 454.213 to an ultimate user of controlled substances or dangerous drugs by employees of residential	Y 876			

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NAME OF PROVIDER OR SUPPLIER DESERT WILLOW RESIDENTIAL CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 9190 WEST ROCHELLE AVE LAS VEGAS, NV 89147		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
Y 876	<p>Continued From page 14</p> <p>facilities for groups. The regulations must require at least the following conditions before such assistance may be given:</p> <p>(a) The ultimate user's physical and mental condition is stable and is following a predictable course.</p> <p>(b) The amount of the medication prescribed is at a maintenance level and does not require a daily assessment.</p> <p>(c) A written plan of care by a physician or registered nurse has been established that:</p> <p>(1) Addresses possession and assistance in the administration of the medication;</p> <p>(2) Includes a plan, which has been prepared under the supervision of a registered nurse or licensed pharmacist, for emergency intervention if an adverse condition results.</p> <p>(d) The prescribed medication is not administered by injection or intravenously;</p> <p>(e) The employee has successfully completed training and examination approved by the health division regarding the authorized manner of assistance.</p> <p>NRS 454.213 Authority to possess and administer dangerous drug. A drug or medication referred to in NRS 545.181 to 454.371, inclusive, may be possessed and administered by:</p> <p>14. In accordance with applicable regulations of the state board of health, an employee of a residential facility for groups, as defined in NRS 449.017, pursuant to a written agreement entered into by the ultimate user.</p> <p>Based on interview and record review, the facility failed to ensure the amount of the medication prescribed was at a maintenance level and did not require a daily assessment for 1 of 2 residents (Resident #2) pursuant to NRS 449.037.</p>	Y 876			

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Y 876	Continued From page 15 Findings include: Resident #2 was admitted to the facility on 1-17-08. Diagnosis include end stage renal disease, peripheral vascular disease, Type 2 Diabetes Mellitus, hypertension, and unilateral amputation below the knee on 1-12-08. The resident received hemodialysis 3 times a week (Monday, Wednesday and Friday). The physician order, dated 1-28-08, indicated to hold the Blood Pressure (BP) medications (Carvedilol, Amlodipine and Hydralazine) prior to dialysis therapy. Post dialysis, the medication needed to be held if the BP was less than 120/80. For the previous 6 months, the Medication Administration Record (MAR) indicated the medication has been given every Monday, Wednesday and Friday after dialysis. Two blood pressures were taken by Employee #3 and were documented on 8-1-08 and 8-2-08. The blood pressure on 8-2-08 was documented to be 110/64. The medications were given to the resident. Employee #1 and Employee #2 revealed the blood pressure was not taken consistently. Severity: 2 Scope: 1	Y 876			
Y 878 SS=D	449.2742(6)(a)(1) Medication / Change order NAC 449.2742 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by	Y 878			

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Y 878	Continued From page 16 the physician. If a physician orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (1) Comply with the order. This Regulation is not met as evidenced by: Based on record review the facility failed to ensure the medication prescribed by a physician was administered as prescribed for 1 of 2 residents (Resident #2). Findings Include: Resident #2 was admitted to the facility on 1-25-08. Resident #2 had an order for Tylenol 500 milligrams (mg) 1-2 tablets to be taken every 4 hours as needed (PRN). The medication administration record (MAR) and the label on the medication bottle showed Tylenol 650mg. Severity: 2 Scope: 1	Y 878		
Y 899 SS=E	449.2744(2) Medication Administration NAC 449.2744 2. The administrator of the facility shall keep a log of caregivers assigned to administer medications that indicates the shifts during which each caregiver was responsible for assisting in the administration of medication to a resident. This requirement may be met by including on a resident's medication sheet an indication of who assisted the resident in the administration of the	Y 899		

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Y 922	Continued From page 19 This Regulation is not met as evidenced by: Based on interview and record review, the facility failed to ensure medications were plainly labeled for 2 of 2 residents (Resident #1 and #2). Findings include: Resident #1 was admitted to the facility on 1-9-08. A bottle of Aspirin located in the resident's medication basket was not labeled with the resident's name or the name of the prescribing physician. Resident #2 was admitted to the facility on 1-25-08. A bottle of Colace and a bottle of Tylenol located in the resident's medication basket was not labeled with the resident's name or the name of the prescribing physician. Employee #2 revealed she was not aware the bottle needed to be labeled with the name of the resident and the physician. Severity: 2 Scope: 2	Y 922		
Y 936 SS=F	449.2749(1)(e) Resident file NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to	Y 936		

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Y 936	<p>Continued From page 20</p> <p>the resident, including without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto.</p> <p>This Regulation is not met as evidenced by: NAC 441A.380 is hereby amended to read as follows: 441A.380 1. Except as otherwise provided in this section, before admitting a person to a medical facility for extended care, skilled nursing, or intermediate care, the staff of the facility shall ensure that a chest radiograph of the person has been taken within 30 days preceding admission to the facility.</p> <p>2. Except as otherwise provided in this section, the staff of a facility for the dependent, a home for individual residential care or a medical facility for extended care, skilled nursing, or intermediate care shall:</p> <p>(a) Before admitting a person to the facility or home, determine if the person:</p> <p>(1) Has had a cough for more than 3 weeks; (2) Has a cough which is productive;</p> <p>(3) Has blood in his sputum; (4) Has a fever which is not associated with a cold, flu, or other apparent illness; (5) Is experiencing night sweats; (6) Is experiencing unexplained weight loss; or (7) Has been in close contact with a person who has active tuberculosis.</p> <p>(b) Within 24 hours after a person, including a person with a history of bacillus Calmette-Guerin (BCG) vaccination, is admitted to the facility or home, ensure that the person has a tuberculosis screening test, unless there is not a person qualified to administer the test in the facility or home when the patient is admitted. If there is not a person qualified to administer the test in the facility or home when the person is</p>	Y 936			

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Y 936	<p>Continued From page 21</p> <p>admitted, the staff of the facility or home shall ensure that the test is performed within 24 hours after a qualified person arrives at the facility or home or within 5 days after the patient is admitted, whichever is sooner.</p> <p>(c) If the person has only completed the first step of a two-step Mantoux tuberculin skin test within the 12 months preceding admission, ensure that the person has a second two-step Mantoux tuberculin skin test or other single-step tuberculosis screening test. After a person has had an initial tuberculosis screening test, the facility or home shall ensure that the person has a single tuberculosis screening test annually thereafter, unless the medical director or his designee or another licensed physician determines that the risk of exposure is appropriate for a lesser frequency of testing and documents that determination. The risk of exposure and corresponding frequency of examination must be determined by following the guidelines as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.</p> <p>3. A person with a documented history of a positive tuberculosis screening test is exempt from skin testing and routine annual chest radiographs, but the staff of the facility or home shall ensure that the person is evaluated at least annually for the presence or absence of symptoms of tuberculosis.</p> <p>4. If the staff of the facility or home determines that a person has had a cough for more than 3 weeks and that he has one or more of the other symptoms described in paragraph (a) of subsection 2, the person may be admitted to the facility or home if the staff keeps the person in respiratory isolation in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200 until a</p>	Y 936			

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Y 936	<p>Continued From page 22</p> <p>health care provider determines whether the person has active tuberculosis. If the staff is not able to keep the person in respiratory isolation, the staff shall not admit the person until a health care provider determines that the person does not have active tuberculosis.</p> <p>5. If a test or evaluation indicates that a person has suspected or active tuberculosis, the staff of the facility or home shall not admit the person to the facility or home, or, if he has already been admitted, shall not allow the person to remain in the facility or home, unless the facility or home keeps the person in respiratory isolation. The person must be kept in respiratory isolation until a health care provider determines that the person does not have active tuberculosis or certifies that, although the person has active tuberculosis, he is no longer infectious. A health care provider shall not certify that a person with active tuberculosis is not infectious unless the health care provider has obtained not less than three consecutive negative sputum AFB smears which were collected on separate days.</p> <p>6. If a test indicates that a person who has been or will be admitted to a facility or home has active tuberculosis, the staff of the facility or home shall ensure that the person is treated for the disease in accordance with the recommendations of the Centers for Disease Control and Prevention for the counseling of, and effective treatment for, a person having active tuberculosis. The recommendations are set forth in the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (g) of subsection 1 of NAC 441A.200.</p> <p>7. The staff of the facility or home shall ensure that counseling and preventive treatment are offered to each person with a positive tuberculosis screening test in accordance with the guidelines of the Centers for Disease Control</p>	Y 936			

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Y 936	<p>Continued From page 23</p> <p>and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.</p> <p>8. The staff of the facility or home shall ensure that any action carried out pursuant to this section and the results thereof are documented in the person's medical record.</p> <p>Based on interview and record review, the facility failed to ensure the residents were tested for Tuberculosis (TB) for 2 of 2 resident's files reviewed (Resident #1, #2).</p> <p>Findings include:</p> <p>Resident #1 was admitted to the facility on 1-9-08. There was no documented evidence of TB testing or Chest X-Ray (CXR) in the resident file.</p> <p>Employee #2 revealed the resident's physician is located in Boulder City, Nevada. The physician did not wish to give a 2 step TB test due to the resident living quite a distance from his office. The physician indicated to Employee #2 rather than give the 2 step TB test, the resident should get a CXR.</p> <p>Resident #2 was admitted to the facility on 1-25-08. There was no documented evidence of TB testing or Chest X-Ray (CXR) in the resident file.</p> <p>Severity: 2 Scope: 3</p>	Y 936			

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